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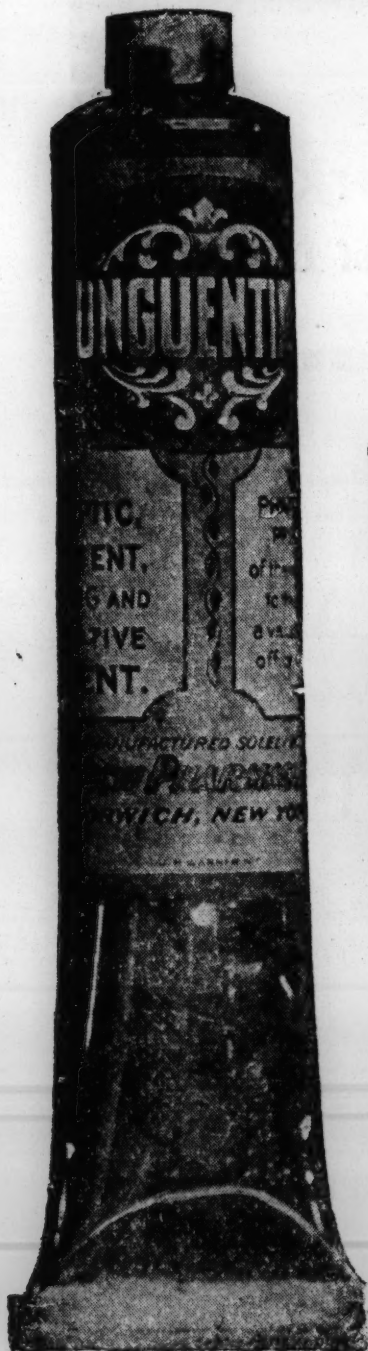
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Some Remarks on Pott's Disease, Its Treatment, Appliances, Etc.

B. ROSWELL HUBBARD, M. D., SEATTLE, WASH.,

Formerly Surgeon in charge of the Lake Erie Sanitarium, Sandusky, Ohio.

[CONTINUED.]

PERHAPS the best way to impress the important clinical features of Pott's disease upon the mind is through the history of a clinical case manifesting some marked phase of the disease.

I made the statement in my previous article that the paraplegia, or paralysis of the legs and lower part of the body is the result of inflammatory changes in and around the meninges of the cord. In acute cases there is usually manifest the exaggerated knee jerk and ankle clonus, but later on after there is compression of the cord as a result of the inflammatory deposits, we observe the loss of motion, atrophy, contracture of muscles, and ultimately loss of sensation.

At the outset the general health is but little affected, but later on the patient manifests symptoms of malaise and to some degree becomes anemic by being deprived of the invigorating influence of fresh air and exercise.

Bladder and rectum complications result either from the diseased area being situated in the lumbar region,

or at the last of severe cases elsewhere located.

The following clinical case with its history of faulty diagnosis, and heroic *bad* treatment will illustrate with what ease a case of Pott's disease from its incipency to a later stage may be mistaken for some other form of trouble.

Mrs. C. Now 35 years of age; married, no children, up to five years ago enjoyed excellent health. For some ten years preceding an attack of severe pain in the dorsal region she followed the occupation of a sales-lady. The work while thus engaged was not embarrassing outside of being constantly on her feet during working hours. (I firmly believe that the many spinal troubles we suffer suggests the penalty we pay for standing and walking erect in contrast with the lower order of animals that walk on all fours.)

The first symptom of her trouble was manifested by a severe pain along the spine while walking upon the street, attended soon after with a severe

headache. She remained about the same for some weeks. Rheumatic neuralgia was suggested by her medical attendant and was treated with massage, liniments, electricity, anodynes and such other remedies as seemed at the time indicated. For over a year this treatment was preserved in with but temporary relief.

She was referred to a prominent official surgeon of Chicago to whom she presented herself. He gave it as his opinion that she was suffering from "ovarian and rectal neuroses" and here her trouble commenced. Operative procedures were suggested and consented to. At the first sitting rectal papillas were snipped off, rectum dilated, and ovaries removed, with no relief from pain in the back, sides and bowels, and two months later the rectum was subjected to the Alexander operation with still no cessation of her original trouble. Fifteen months ago, about three and a half years succeeding the inception of her ailment, she suffered a paralysis of the lower extremities, first a loss of power, a few months later that of sensation, the paresis extending to the bladder and bowels, the functions of which are impaired to the extent that she is unconscious of their evacuation. Such is her condition at this time, and strange as it may seem her medical attendants failed to note the fact that she was becoming crippled with a rapidly developing Pott's disease in the lower dorsal region at which point she now has a marked kyphosis.

This is a marked case presenting the several phases of the disease resulting

ultimately in compression of the cord by inflammatory deposits, and rendered hopeless through a faulty diagnosis at a time when there was an opportunity to have afforded relief.

Cases of this kind can be improved but little by remedial measures and the surgeon should be guarded in his promise of relief through operative procedures. Electricity and potassium iodide have been recommended as curative agents, but these have not maintained their reputed value, and I mention only to condemn them.

If after two or three months application of a properly adjusted plaster of paris jacket, the patient strictly maintaining the recumbent position, no relief is afforded operative procedures should at once be resorted to; about twenty per cent of these paralyzed cases are fit subjects for operative measures, with a reasonable hope of improving fully fifty per cent of this number.

The technique of the operation is as follows: After thoroughly sterilizing the parts involved make an incision six inches in length in the median line over the point of greatest kyphosis, extending the incision down one side of the spinous processes till the lamina is reached and exposed, the periosteum is incised as near the median line as possible and with an elevator raised or dissected back to the transverse process. Then with a bone chisel or forceps sever the spinous processes at their bases over the area involved without disturbing their muscular attachments. The periosteum of the opposite lamina is dissected back to the

transverse process as was the first. Then with the sides of the wound well retracted by assistants the laminae are cut through to the transverse process, preferably with bone cutting forceps, and the spanning arch removed.

After freeing the wound of blood clots and other debris with sterilized normal salt solution, and the cause of trouble being not now apparent, and to make sure that we are at the point of disturbance it may be well to explore with a slender probe the canal of the cord for any compressing medium that may exist at or below the site of operation. Becoming satisfied that the canal is free of any abnormal matter we pinch up a fold of the dura mater and divide it longitudinally in the median line, and the inter-meningeal space is investigated for abnormal products.

We not infrequently find impacted in the canal and around the cord extending the entire length of the diseased area, hard tubercular, caseous matter, often pus and sometimes spicula of necrosed bone. This abnormal matter must be curetted away, the exposed diseased area irrigated with quite warm saline solution, a sterilized rubber drainage tube inserted and the wound dressed, using fine cat gut or silk for the rent in the dura, and buried sterilized cat gut sutures in the overlying structures, the external parts dusted with markasol and dressed with plain sterilized gauze.

It is of great importance for the future welfare of the victim of a developing Pott's disease of the spine that

an early diagnosis be made. Pain alone is not a sufficient diagnostic symptom, as it is pronounced in several spinal affections other than Pott's, from which it must be differentiated, viz:—lumbago, rheumatism of dorsal muscles, arthritis, aortic aneurism, sarcoma, carcinoma, rickets, abscess, strain hip disease, embolism and traumatic injuries. The history and associated symptoms of the affections here mentioned will aid in a correct diagnosis by exclusion.

But a case presenting a rigid spine, and limit of motion, with spasm of muscle, intercostal and abdominal pain, made worse by bending the body forward, relieved by bending the body backward, with exaggerated reflexes, gives us the diagnosis of a typical Pott's disease, and the law of cure should be to relieve the trauma of motion by absolute fixation, and extension to relieve pressure, with the use of mechanical appliances which the patient or friends cannot remove.

While applying a plaster of paris cast on very young children, instead of suspending them by means of a tripod ropes and pulleys, or by assistants standing on chairs grasping the hands of the child and elevating it until its toes just touch the floor, a method that embraces some good features is to obtain a strip of muslin or canvas a foot or more in width and six or eight feet long, securely fasten each end, it being stretched taut, and with a knife slit the strip in two places for the legs, two for the arms, and another for the face as represented

in the accompanying cut, observing the proper measurements of the child before slitting the canvas.

When all is in readiness the child is placed upon the canvas strip, face downward, its legs and arms extend-

same time, making the requisite amount of extension, a second assistant grasps the wrists, extending the arms in a like manner. This gives the proper extension of the body and in a manner not too fatiguing to the little

LEGS	ARMS	FACE
LEGS	ARMS	

ing through the rents provided for them, a section of tight fitting stockinet is then slipped over one end of the strip of canvas and down over the body of the child. In length it should reach from the arm pits to the knees. An assistant now grasps the ankles bringing them up to the edges of the canvas which he also grasps at the

patient. The plaster bandages may now be run on always commencing about the middle of the body, working both ways.

As abscesses are an important complication in Pott's disease, I will in my next article, review the symptoms and treatment as it is understood today.

[TO BE CONTINUED.]

Tetanus,

M. H. LOGAN, PH. G., M. D., SAN FRANCISCO, CAL.

Professor of Chemistry, California Medical College.

WITH every national holiday, we have a crop of gunshot wounds, many of which develop tetanus, commonly known as lockjaw. Especially is this true with the so-called toy pistol. Its very name makes me shudder, for it is the direct cause of more suffering agony and death than any weapon known to common life.

During the Fourth of July celebration just passed there was an appalling list of accidents in this and other cities, Chicago and New York especially, due solely to the "perfectly harmless" toy pistol, thousands of which were sold

on the streets and in the stores. If but a single death had been its harvest, that should have been sufficient to condemn it forever. A genuine fire-arm in the hands of a child would be safer, far safer than a toy pistol that shoots blank catridges. Its very name is a living lie, for therein lies the mischief—the most danger lurks in the the concealed enemy.

This has just been brought home to me and mine with such crushing force in the death of my son Homer from lockjaw, that our experience should be an everlasting warning to other par-

ents. And my family has not been the only sufferer by any means. This should be sufficient to cause the enactment of stringent regulations against the most deadly of all weapons—the toy pistol. A bullet would not be half so dangerous as the slight wounds caused by the wadding of a blank cartridge. Therein lies the danger and suffering—and what horrible torture it is.

The victim faces a cruel death in the full realization of all its exquisite torture. The agony depicted in the countenance of such a sufferer is beyond the most vivid imagination. The horror of it all can never be blotted out of the mind of one who witnesses death from lockjaw. Dante in his most terrible word pictures describes nothing so appalling as this. It is the more frightful because it is invariably fatal. Lockjaw has never been combated successfully. The average mortality is 91 per cent. And to think that such an awful death comes from the slight wound of a "toy pistol" is maddening in the extreme.

The anti-toxin cure, about which so much has been said, has been proved to be worse than the disease, for sudden death not infrequently follows its use.

The tetanus anti-toxin serum is made from the blood serum of the horse, the animal having been previously immunized with true tetanus. Though trials have been numerous, there has been no therapeutic value established for it. The toxic principle seems to be of an albuminous nature (toxalbumen), not having the characteristics of an ordinary toxin.

It is of a colloidal nature and resembles the poison of serpents. It is 600 times more poisonous than atropine and 150 times more so than strychnine.

The *International Text Book of Surgery* says that while the exact nature of the immunizing substance used in producing serum is unknown except to Kitasato and Behring, who have contributed largely to its introduction, it was found that mice inoculated with the fragments of tissue containing tetanus spores could not be saved even by the use of 50,000 times the ordinary immunizing dose. And Rose, who is perhaps one of the greatest living authorities on tetanus, goes farther and says that there is no proof that serum has any influence whatever upon acute cases of lockjaw. He says, "there is no absolute proof of recovery due to serum."

The *Eclectic Medical Gleaner*, in commenting on the failure of anti-toxin in lockjaw cases, says that the following conclusions have been arrived at by accurate and observant physicians who have been studying the serum in the light of practical experience:

First—The early injection of anti-toxin is followed by recovery in a certain class of cases. Second—In other cases, and especially when used late, no perceptible effect is produced. Third—In some cases the injection of anti-toxin is followed by prompt and decided cases of blood-poisoning. Occasionally sudden death is the result.

It is because there is no specific cure that lockjaw is such a horrible

disease. It is one of the most formidable diseases with which the medical fraternity has had to contend; particularly that form known as traumatic, caused by gunshot or other wound. All cases of true tetanus are now considered to be of traumatic origin. No idiopathic (non-surgical) form is at present recognized. It is called lock-jaw from the most pronounced early symptom—that of the locking or setting of the jaws during a spasm. This is usually preceded by chilly sensations running up and down the spine, and playing over the neck and face; the tongue usually swells and protrudes. When the spasm comes on the jaws set suddenly, and the tongue is frequently caught between the teeth and badly lacerated if not almost entirely bitten off while the jaws remain set for many minutes; sometimes for hours, during which time the patient having no control over the spasm, must suffer the laceration of the tongue unless the teeth be forced apart. Blood spurts from the mouth, adding infinite discomfort to the already serious symptoms.

Tetanus is the more dangerous because it is a baffling disease during the early stages. The condition is sometimes mistaken for strychnia poisoning, but differs in the fact that strychnia has no lockjaw accompanying it. It differs from hydrophobia, with which it has been confounded, by the fact of hydrophobia having no distinct convulsion. There is little or no fever accompanying it; but a profuse perspiration frequently follows a severe spasm.

The preliminary symptoms last about a week and this is called the period of incubation, during which time there is very little if any symptom of trouble. The wound may have entirely healed. When the symptoms first present themselves they are frequently attributed to a bad cold, sore throat or other simple disturbance. In severe cases the severity of the spasms increase with their frequency. The patient rapidly loses flesh and strength from inability to take nourishment or rest. As the cramps become frequent and severe, the whole body stiffens out, feet straighten down, toes turn under, and by raising the head the whole body lifts up, as if cut out of stone.

Soon the body curves up (opisthotonos) very much as a drawn bow, or forms a complete circle with the soles of the feet touching the back of the head.

Such extreme spasms may last many minutes, and sometimes rupture a nerve or muscle.

The pain becomes intense, of a tearing breaking nature. Every spasm leaves the sufferer completely exhausted.

The mind continues perfectly clear, even more acutely sensitive than under normal conditions, and continues thus until the end. The patient must lie perfectly still, for the least noise, jar or other disturbance will bring on a convulsion. The perfect consciousness of every detail of the horrible situation brings on a condition of despair. The disturbance made by the simple effort of speaking will usually

bring on a spasm. The muscles of the abdomen become as stiff as a sheet of metal. The features become horribly distorted, the eyes wide open and staring, the "Risus Sardonius" on the face, the teeth showing full, mouth and face usually blood-stained, presenting altogether a most frightful aspect. A groaning, agonizing noise from the throat adds to the horror of the scene. The breath comes spasmodically, while the face and neck are turgid and swollen with dark venous blood for many minutes or even hours. Convulsions may now assume the form of a long, low, continuous tremor, with spasmodic uncertain respiration. As the end rapidly approaches a kindly stupor relieves the horror of it all until the respiration becomes weak and shallow and soon ceases altogether.

In the treatment of such desperate conditions desperate measures are legitimate and justifiable. The first thing is to cut out the wound together with any contiguous tissue that might be involved, and treat the wound with powerful antiseptics, give internally narcotics, soporifics and anesthetics; give strengthening concentrated food and maintain perfect quiet. Too much nursing is worse than too little. Keep a soft wedge between the teeth to prevent lacerating the tongue during the spasm.

It would seem almost merciful to end such suffering, as invariably follows, at once. It were better—far better to try an ounce of prevention and abolish forever the "toy pistol" from our celebrations.

Neurasthenia, General Course and Treatment.

G. D. RICH, M. D., SONOMA, CAL.

ACCORDING to classification by some of our best neurologists, neurasthenia in the strict sense, is a morbid state of the central nervous system, in consequence of which exhaustion occurs with undue readiness while recuperation is abnormally delayed. The term may be employed to designate symptoms that arise indirectly from the incompetency of the central nervous system to dominate inhibition and co-ordination.

The varied changes that make themselves manifest in neurasthenia have a tendency to lead a physician into a

field of confusion, but if we take into account that the term only implies a morbid state of undue exhaustibility, there is no cause for an arbitrary classification of symptoms.

There is a wide difference between a state of a person suffering from excessive physiological fatigue and that of a neurasthenic patient. The neurasthenic patient is primarily affected with a failure of the higher nerve centers to predominate over the subordinate nerve centers. A failure in the higher cerebral mechanism to perform their normal functions, brings about

various vaso-motor disturbances, interfering with the normal tissue metabolism.

There has been diversity of opinion as to what meaning in practice should be attached to neurasthenia, however this diversity should not prevent the eclectic practitioner formulating his diagnosis, prognosis and treatment. What we want is to determine the underlying causes of this psycho-neurosis.

On further study of this morbid liability to fatigue it is quite necessary to keep in mind the many mental incompetencies that occupy the wide border land between mental disease and health. We must study the various psycho-neuroses and their relationship to each other and to a healthy state.

ETIOLOGY.

The most striking influence brought to bear upon neurasthenia is morbid inheritance, although the milder forms may be acquired by prolonged mental or nervous strain. The most prevalent condition in the parent which may give rise to neurasthenia in the child is inherited nutritional weakness. Individuals who have acquired syphilis, alcoholism, or any serious impairment of nutrition may convey the taint to their offspring sufficient to give rise to neurasthenic tendencies.

We not infrequently meet with patients in practice who will give a history of their condition dating from some illness, (e. g.) typhoid, la grippe, railroad injury, etc., but consensus of opinion bears me out in the statement that in the majority of cases, the inherited tendencies were already at

work and the ordinary strain of life would have then made active.

In most cases a typical condition of neurasthenia does not develop until or after the age of puberty.

Among the most important exciting causes of neurasthenic conditions are those which induce a severe strain upon the finely tensioned nervous system. Shock, through its effect upon the neurons, may also act as a sufficient cause.

MORBID ANATOMY.

As to the exact nature of the pathological condition that invites fatigue and delays recuperation, very little is known. It is claimed that there is a structural change in the nerve cells but we must regard it as suggestive rather than demonstrative. Post-mortem research reveals nothing relative to physical abnormalities of nervous tissue, especially the neurons.

SYMPTOMS.

In the study of the complex symptomatology of neurasthenia each case must be studied separately. There are no two cases that present the same clinical picture.

The first step in collecting data to aid in diagnosis should be careful inquiry into family history. As a rule neurasthenic patients give information concerning other members of the family suffering from some form of psycho-neurosis.

In neurasthenia we have to deal with symptoms of exhaustion, their immediate and their remote effect upon the patient. There are symptoms that are common to all cases of neurasthenia, and those are associated indir-

ectly with functional derangements of the various organs.

GENERAL SUBJECTIVE SYMPTOMS.

The patient's attention is first attracted by undue fatigue accompanying ordinary exertion. For the time-being the exhaustibility does not arouse suspicion and the disease is allowed to progress without medical intervention, but as time goes on the mental faculties begin to fail, memory is impaired and the intellectual capacities apparently diminished. Another important symptom at this stage is insomnia, which may be present in all varieties, but ordinarily the patient, after sleeping in the early part of the night, will awaken and be unable to sleep again for some hours. During this stage of neurasthenia the patient begins to experience a dull headache, complains of a heavy, dull feeling, as if wearing a heavy band about the head. The head symptoms are peculiar but typical.

It was once claimed that spinal irritation was most always present, but the researches of later years have extended the domain to the cerebral functions as being mostly disturbed.

Not infrequently vaso-motor symptoms are present. The patient describes a peculiar sensation affecting the feet and legs, feel dead-like, etc., complains of feet going to sleep. This is all due to the poorly developed circulation which is caused by the partial vaso-motor paresis. During the early part of the day the patient complains of weak spells. Upon the least exertion he suffers from palpitation.

Neurasthenic patients generally feel

the best during the after part of the day.

GENERAL OBJECTIVE SYMPTOMS.

Inspection reveals very little change, save cases where marked digestive disturbances are present, which will be described under local complications. Palpation usually discloses cold extremities and neuralgias. Muscular pain is not uncommon.

LOCAL COMPLICATIONS.

After the afore-mentioned condition continues for any length of time without treatment, vaso-motor changes bring about abnormalities of the circulating fluids, which results in a general depravity of the various organs. Now the brain functions are disturbed, the patient's power of mental application is diminished and concentration of thought is difficult. Work that has heretofore been performed with ease is now laborious. The patient now fears that some one of the more serious nervous diseases has made fast its hold and in spite of intelligent counsel to the contrary, the imagination runs astray. At this stage of neurasthenia the diagnostician must necessarily exercise all means at hand in order to not be misled by the subjective phenomena and symptoms. Gastro-intestinal complications make manifest their presence, digestion is impaired, gas forms in the bowels, causing more or less distress. Constipation, alternated with diarrhea, non-assimilation with a resultant lack of nourishment of the various tissues.

The skin loses its normal tonicity, and upon the least amount of exertion perspiration is produced.

Sexual disorder may play an important role in the way of depressing the patient's mind, but considering the various sexual abnormalities accompanying neurasthenia, as being functional, and being brought about by secondary changes; they are of secondary import as far as the seriousness of the case is concerned.

DIAGNOSIS.

There may be considerable difficulty in determining between neurasthenia and an early stage of general paresis, but on careful examination of the pupils, superficial and deep reflexes, and strict analysis of each individual symptom, there will in a majority of cases be very little difficulty in forming a diagnosis. To differentiate hysteria from neurasthenia it is well to remember that the former is usually periodical, while the latter the onset is insidious, without abatement of the symptoms; however, it may require the lapse of time and careful research to determine a diagnosis. As a rule the diagnosis of neurasthenia is not difficult. The onset is insidious, undue fatigue accompanying ordinary exertion, while recuperation is abnormally delayed. General loss of nerve force, insomnia, incapable of mental application, vertigo, pain in the head as if wearing a heavy band, coldness of extremities, a peculiar numbness of the fingers which the patient describes as feeling dead-like.

PROGNOSIS.

In neurasthenia we have to deal with a general chronic constitutional weakness, which does not pass entirely away, but under favorable con-

ditions and the election of a proper course of treatment the active symptoms may be held under control and the patient experience a useful and pleasant life. However, each case must be studied separately and prognosis given accordingly.

TREATMENT.

In concluding neurasthenia to be a form of psycho-neurosis, brought about by a structural change of the cells composing the central nervous system, and hereditary peculiarities affecting the normal tissue metabolism, the object of the physician is to restore the affected nerve elements to a normal state. This may be accomplished in more than one way, but the sole object of any process of treatment is to bring about normal nutritive changes.

The first requisite in the treatment of any disease is to try and determine the cause, both predisposing and exciting. In the commencement of the treatment of neurasthenia the therapist should make careful research regarding various influences that may be brought to bear upon the individual patient.

Neurasthenic patients of the nervous temperament must avoid severe mental strain, otherwise therapeutic measures will not be of material benefit.

There is no disease where specific medication is more adaptable than in the treatment of neurasthenia. The successful therapist will endeavor to determine the basic lesions and medicate accordingly.

If some constitutional vice be present the most obvious nutritive indica-

tions are to help out the tissues by an abundant supply of healthy blood to provide means for carrying off waste products.

If the patient has contracted syphilis or alcoholism, lead, and many other poisons, which may be acting as the exciting cause of neurasthenia, they may be expelled or neutralized by appropriate treatment.

Neurasthenia being a disease affecting the nervous system, it is necessary to consider therapeutic measures that will improve the nutrition of the nerve tissue.

ELECTRICITY.

It is claimed electricity has proved beneficial and in many cases curative where all other means of treatment have failed. Not having had any experience with electricity in the treatment of neurasthenia the writer is not prepared to give an opinion.

HYPNOTIC SUGGESTIONS.

Suggestive therapeutics is claimed to be a means worthy of application in all nervous diseases, though it is claimed that neurasthenic patients are hard to impress strongly in this way. However, we should be ever ready to grant trial to any rational mode of treatment which promises to be a benefit to our patient.

OCCUPATION.

As regards to occupation it is well to see that the patient is not trying to perform work that is not suited to him. If he is engaged in a business which is too great a taxation upon his physical or mental capacity, a change should be advised in order to unburden the over amount of responsibility.

EXERCISE.

It is a fact that many neurasthenic patients suffer at the hands of not a few physicians, endeavoring to follow out their respective routine of exercises. There are no special routine of exercises that can be prescribed for neurasthenic sufferers. Acute attacks demand absolute rest. The robust, who are generally troubled with backache, may be better treated by engrossing and pleasurable exercise than by rest. Feeble patients, if not instructed, may exhaust themselves in conscientious efforts to improve their health by exercise. Whatever kind of exercise may be advised it must be taken in moderation.

CLIMATE.

If there is a therapeutic measure known to medical science which appeals to a physician's ignorance more instantaneously than the germ theory and the serum therapy, it is change of climate. There is no question in my mind that if less time was devoted to reading various health resort circulars, and more to the study of materia medica and therapeutics, there would not be so many funerals, and more praise for the medical profession. I do not want it understood that I have not any faith in climatic therapy. There are conditions where the first requisite, in order to prolong a patient's life, is to advise a change of climate, while on the other hand individuals have been sent broadcast across the country, seeking climate, who have been wrongfully advised. The consideration of chief importance in neurasthenia is that exposure to rapid

changes and hot winds should be avoided as far as practicable.

TREATMENT BY DRUGS.

It is claimed on good authority among our old school brethren that drugs are the least important part of the treatment of neurasthenia. To the eclectic there are many special indications which are well met in this way, especially by members of our school who understand the application of medicinal agents according to the teachings of specific medication. The one important consideration is to give the indicated remedy. The first selection should be something which will directly influence the cell functions of the body, as neurasthenia is largely due to pathological conditions of the cell.

There are numerous medicines for the purpose of eliminating materies morbi from the system. We should think of some one or two of our vegetable alteratives, berberis aqu, echinacea, podophyllum, iris ver, alnus ser,

echafolta, iodid soda or potash, and many others which could be mentioned but are familiar to the eclectic practitioner.

FOR THE HEAD SYMPTOMS.

There is no one remedy that will meet all cases. Sometimes gelseminum is the indicated remedy and answers all intents and purposes, while, on the other hand, belladonna may be directly indicated and readily produce good results.

In emaciated individuals, passive circulation with symptoms pointing to cyanosis, nitro-glycerine will not only relieve the head symptoms but improve the general condition.

SEXUAL DISORDERS.

Sexual disorders, being principally functional, in consequence of loss of nerve force, will improve as the general outlined treatment proves effective.

CONCLUSION.

Treat the individual and not the disease, is the first and all-important principle of eclecticism.

A Case of Jaundice.

J. W. HAMILTON, M. D., PARROTT BUILDING, SAN FRANCISCO, CAL.

Prof. of Gynecology, California Medical College.

ON Nov. 6th, 1899, there came to my office a Mr. H—, aged 64, height 6 ft., 2 in., ordinary weight, 260 lbs., but weighed at the time of the visit, 180 lbs. He presented the following appearance: His color was a dark green; eyes same color as skin. He was weak and seemed very feeble. He gave me the following history: Six weeks before, his illness began with a desire to sleep all the time, the feeling

when awake that of languor. Soon after, his eyes turned green, and his stools became clay colored. He then consulted his physician who pronounced the case jaundice, and treated him for the same. He (the patient) continually grew worse, and another M. D. was called, and the case went on, until ten of the leading M. D.'s of the dominant school were called, and all had the same success. He came to

me, as above stated, on Nov. 6th. After hearing his case, I proceeded to make a careful examination. Found the liver of normal size, pulse 89, full in character; temperature normal, urine contained 56 per cent. of bile.

I began the treatment at once by giving 15 minutes static breeze and 5 minutes positive spark over the liver and directed the ordinary diet in such cases, and gave the following:

R Chiananthus Sp. M. 3jv

Podophyllum, Sp. M. ... gtt x

Syr. Hypophos. Com. qs.ad. 3jv

M. Sig.—1 teaspoonful 4 times a day.

Continued 6 days, giving the sparks and breeze every day. On the 6th day the stools had a tinge of yellow. Continued the same medication with the addition of 20 gtt. of Sp. M. Nux Vom. The patient had a most aggravating itching, destroying much of his rest. For this I gave two hot baths each day, and applied externally nearly everything in the materia medica, all of which failed until I had eliminated the bile pigment from the skin.

I added to the above prescription, on Nov. 28, Sp. M. Echafolra, 3jv. This I continued until Dec. 10, when his skin cleared up, the eyes were clear, the urine normal, and the stools heavily loaded with bile. He then developed a great thirst which led me to suspect diabetes insipidus. I therefore tested the urine for sugar and realized my fears. This gave me more trouble than the former condition, for the man had been ill so long that when stomach, liver and bowels had assumed their normal functions, he developed an appetite that advice of doctors or fear of death could hardly control. For the last condition I gave the following:

R Sp. M. Tycopas. 3jv

Sp. M. Podophyllum. gttv

Sp. M. Chiananthus 3j

Syr. Hypophs. Com, qs.ad. 3jv

With meat diet. On Dec. 30th dismissed him, in appearance in normal condition, in which condition he has remained up to this date.

P. S. I continued static electricity all through the treatment.

Pink Eye.

BY W. CHEATHAM, M. D., LOUISVILLE, KY.

Louisville Monthly Journal of Medicine and Surgery.

PATHOLOGICALLY this is a contagious muco-purulent conjunctivitis depending upon a bacillus, demonstrated by Weeks, of New York, confirmed by Morax and others, by whom the disease has been reproduced by inoculation of sound eyes. I use the name "pink eye," as it is so well known, and offer this short paper

upon the subject, as the disease is now quite prevalent. When properly managed it is of short duration, but when improperly managed other more serious diseases, such as phlyctenular conjunctivitis or even keratitis, may supervene. The first symptom is usually that of a sensation of a foreign body in the eye, with hyperemia of the

conjunctiva and some gluing of lids; in from one to three days the disease is usually at its height; if mild, there will be some congestion of even the ocular conjunctiva with increased secretion, which is now muco-purulent. My experience has been in these cases that the secretion will escape in lumps at the inner canthus and be found in the inferior cul-de-sac in rolls, not liable to get into the lashes and mat them together.

Again, the disease may be still more violent, such as in a case I have on hand now in the person of a young lady, who about five days ago had a sensation of having gotten something in her left eye; the disease progressed very rapidly, so when I saw her the third day there was great congestion of the eyeball, with one phlyctenule at the junction of cornea and sclera, some edema of lids, muco-purulent secretion very great, with fear of light and considerable pain; in such a case there are frequently small subconjunctival hemorrhages. This is, of course, an extreme case.

As I stated before, the cause of the disease is a bacillus first discovered by Weeks and confirmed by Hansell, Kartulus, and Morax. Others in different sections of the country have found the pneumococcus; Gasparina was the first to find that the diplococcus of Frankel and the micrococcus Pasteuri of Sternburg would produce a conjunctivitis of a muco-purulent character. This has also been confirmed by others. Morax has found a diplo-bacillus which he considers the pathogenic factor in subacute conjunctivitis, which is

contagious. I have, during this epidemic, had many of my cases of pink eye have at the same time tonsillitis much resembling that form known as follicular.

Treatment. The mild cases need but little care; the eyes must be kept clean; the patient's surroundings as perfect as possible; dust and smoke are harmful. The eyes should be bathed in boric acid, gr. x to aqua $\mathfrak{z}\text{i}$; if the lids glue, use on them during the sleeping hours, acid, boric, gr. xv; vaseline, $\mathfrak{z}\text{ss}$; this can be used in the eyes also with much benefit. In the second class of cases when the inflammation is more severe and all symptoms increase, in which even the corneal epithelium may be disturbed, the acute stage had better be managed as that of the case just spoken of; to the treatment might be added the application of cold or hot cloths, whichever give the most comfort, or hot water bath to the eye. After the acute stage has passed, or even before if there is much pain and fear of light, I use atropia sulph., gr. i; aqua $\mathfrak{z}\text{ss}$ in the eye morning noon, and night. I give the patient a bath to be used in an eye cup: Acid boric, soda boras, sodium chlor. aa $\mathfrak{z}\text{ss}$; dest. ext. hamamelis, $\mathfrak{z}\text{ii}$; aquæ, $\mathfrak{z}\text{xiii}$. Use this four times a day. If the discharge still persists, use protargol, 1 per cent sol., to be dropped into the eye four times a day. In the severe cases referred to the pain was so great that I ordered atropia sulph., gr. i; acid boric, gr. iv; cocaine, muriate, three per cent sol. $\mathfrak{z}\text{ss}$, to be dropped into the eye four times a day. When the great irrita-

tion now in the eye subsides, I shall order an ointment of hydrarg. oxid. flav., gr. iii; vaseline ζ ss, to be used in the eye once per day. Zinc sulph. is highly recommended in this form of inflammation, also a lead wash, which is dangerous if there is any abrasion of the corneal epithelium. Boric acid solution alone will cure a majority of the cases of pink eye if used early. The tendency of the practitioner of medicine in these cases is to commence the use too soon of an astringent. This is quite liable to lead to corneal involvement or convert the disease into phlyctenular inflammation; the disease being contagious, instructions must be given as to other people using the same towels or basins and handkerchiefs, that the bedrooms must be

well ventilated, etc. The patient should avoid bright light, use of eyes, avoid smoke, heat, and dust. Sometimes the use of quinine internally or some of the salicylates, the latter especially in those cases where the tonsils are involved, are indicated. Existing errors of refraction and catarrh of the nose should be corrected, also some constitutional dyscrasias, especially rheumatism, malaria, and gout, or any thing else which may cause hyperemia of the conjunctiva, as this condition furnishes a good soil for the germ proven to produce pink eye. This being so, feeding in relapsing cases must be of some consequence, as I believe rheumatism and gout originate in the intestinal canal in a large majority of instances.

The Evolution of a Tumor.

O. S. LAWS, A. B. M. D. LOS ANGELES, CAL.

One day, a young cavalry man, in our late civil war, was injured by the horn of his saddle, over the femoral artery. A slight lump remained, and at length began to increase in size, very slowly for over thirty years. Six years ago he was at the Soldier's Home near Santa Monica, and asked the attending surgeon to take it out. It was then as large as a goose egg. The surgeon refused, saying it "would be sure death." He was also told that it would kill him in less than five years any way. However, he lived more than six years. But as the tumor had grown at a rapid rate in the last two years, and was causing trouble in many ways, he invited me to examine

it, and if possible relieve him. The soldier's name is S. W. Barnard, of Escondido, San Diego Co., Cal. I went to his home on the 30th of July, 1900, carefully surveyed the tumor. It was freely movable at the base; six inches long, four wide, and about three deep. The upper border was but little more than one inch below Ponpart's ligament. It lay transversely with center over the femoral artery and across the Sartorius muscle. The base was hard, but top quite flexible, with a slight protrusion towards the posterior end which was quite soft, and of natural color, which led me to conclude that contents were fluid. Two important questions had to be decided. Dare I

operate at all? and, if so, how? "It can't be done," as remarked by the surgeon six years ago, was ringing in my ears, and tumor not half so large as now. But you know every true eclectic is irresistably attracted by the things "that can't be done." I asked for no consultation or medical help of any sort. My first step was to empty the tumor of all fluid contents, and then wash it out with escharotic lotions, and then by the pressure of a bandage, cause adhesion of the walls. So, after the cocaine injection had benumbed that soft protrusion, my lancet split it open an inch or more, and out popped a small encysted tumor as large as a muscat grape, and thus I was forced to solve the problem in a different way. That way was to begin at the top and work downward. Cocaine was inserted in two other places, and the entire top split open lengthwise. And here was a novel sight, as the compressed contents expanded. It looked like a cluster of grapes of all sizes, from a pea to a large grape, strung together with small blood-vessels for stems. These small blood-vessels were branches of the femoral artery and vein. The contents of these cysts looked like the fat of chickens. I next carved out all I could before reaching too much blood and pain. To control hemorrhage and dry up, as fast as possible, the blood-vessels I used freely a powder composed of equal parts of boric and tannic acids. Layer after layer was killed with "Howe's escharotic," and others similar, until all was removed. The border was densely fibrous from long

pressure. The central portion over the femoral artery was left for nature to throw off, as any effort to remove it might have been ruinous. This gradually came away with the dressing material, which consisted largely of the above named powder. And now, after a week, word comes that it is rapidly filling up, and narrowing its borders. So a successful and permanent closure seems assured. Such a tumor should be called *Tumor Botrus* or *Grape Tumor*.

Please tell us how you would have done in such a case, brother surgeons.

"Gall of the Earth."

The faculty of the Chattanooga Medical College is now making experiments with the weed known as "Gall of the Earth," with which a mountaineer recently cured himself of a mad dog bite, and by which he cured others suffering with snake bites. It is sometimes known as the "rattlesnake's master." The weed is now being transplanted for cultivation and experiment. It is now in bloom and bears a small white flower. The Horticultural Department of Clemson College, Charleston, S. C., is also experimenting with it.—*Scientific American*.

HAY-FEVER.—Now that the hay-fever season is on I would like to remind the boys of a remedy that I scarcely notice mentioned in the journals. Iodide of arsenic, 3x, two or three grains every two or three hours will relieve the majority of cases readily.—*C. M. Chandler, M. D., in Eclectic Medical Gleaner*.

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<i>Maizenic Acid (from fresh Corn Silk)</i>	- - -	1-10 gr.
<i>Avenine</i>	- - -	1-65 gr.
<i>Saw Palmetto (fresh Berries)</i>	- - -	15 gr.
<i>Ol Santal Flavus</i>	- - -	3 min.

Corn Silk was originally used as a domestic remedy in France for retention of urine, strangury and cystitis, but since its recognition by the Medical Profession its sphere of utility has been enlarged, and it is now used not only in the above cases, but also after operations on the bladder, in renal colic, prostatitis, gonorrhea and vesical catarrh.

In the preparation of Maizavena we use a definite amount of Maizenic Acid, which is obtained from fresh corn silk, and physicians may rely upon the preparation containing the proportion of this active principle represented in the formula.

Avenine is the active principle of *Avena Sativa*, or common oats.

It is highly recommended in neurasthenia, in impotence, and in depressed conditions of the nervous system, in which a nerve tonic is indicated—it is of special value, therefore in cases where there is or has been a drain upon the system, as in Prostatitis, Gleet or Gleet.

Ol Santal Flavus possesses diuretic and balsamic properties, which render it of utility in cystitis and specific urethritis, and in such cases it is now generally preferred to its more ancient congener Balsam Copaiba.

Saw Palmetto can not be classed as a new drug, but a reliable preparation of it is not always available—it is therefore important that physicians who expect good results from Saw Palmetto should specify the preparations of the drug made from fresh berries.

The fresh berries of the Saw Palmetto exert a soothing effect on the vesical and urethral mucous membranes, diminish prostatic irritation, and hence have a wide range of usefulness in these affections of the genito-urinary tract, characterized by catarrhal conditions accompanied by active or passive congestion.

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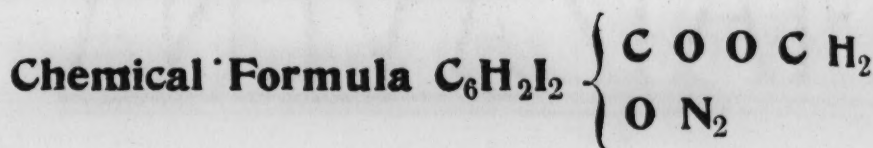
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IDOZEN—an iodine derivative of methyl salicylate (true oil of wintergreen). It has an agreeable odor, is non-irritant, and combines the antiseptic, discutient, alterative and absorbent qualities of iodoform without any of its characteristic disadvantages.

The iodine being liberated very slowly in the presence of heat and moisture, no toxic effects may be apprehended.

The density of Iodozen is less than that of iodoform, hence a given quality will cover a larger surface; it is, therefore, more economical.

Iodozen is absorbed slowly and adheres to sores and mucous membranes for a considerable period, and in the meantime exerts a protective as well as antiseptic effect.

These qualities place Iodozen in the front rank of antiseptic applications in the treatment of aural, venereal and cutaneous diseases, in minor surgery and catarrhal affections of the uterus and nasal mucous membranes.

Iodozen, when mixed with powdered boracic acid in the proportion of 5 to 10 per cent and used by insufflation, is of value in post-nasal catarrh and ulcerated conditions of the throat, but in specific lesions it is advisable to apply Iodozen pure, in order to produce the necessary antiseptic impression.

A useful dusting powder for the chafing of infants is made by combining Iodozen, 5 per cent with powdered starch—in erysipelas, Iodozen may be advantageously applied to the inflamed surface undiluted.

Combined with vaseline or lanoline, Iodozen forms an ointment of general utility as a healing application, and for the relief of pruritis ani and vulva, hemorrhoids, prostatic irritation and gonorrhea, in which affection it may be used as an injection.

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A Review and Digest *MEDICINE and SURGERY.*

Circumcision.

We are accustomed to look on this as a very simple operation, but there are certain points to keep always in mind or the result may be some deformity of the penis.

L. W. Bacon, Jr., contributes a very practical paper on this subject to the Archives of Pediatrics for May. He advises that an abundance of cutaneous tissue be left in the neighborhood of the frenum, resect freely the mucous layer of the foreskin and see that no connective tissue intervenes between the skin and mucous membrane as the stitches are drawn tight.

As to method he makes a straight cut on the dorsal aspect as far as may be deemed necessary, and before going farther a stitch is taken in the angle of this cut. The prepuce is then cut circularly for a short distance and another stitch put, and so on cutting and stitching until both sides are finished, and lastly the frenum is attended to.

In this way it is easy to see just how much mucous membrane and how much skin is being taken, and the putting in of stitches as we go keeps them in correct apposition.

About the hardest thing to dress in surgery is a circumcision wound, but his plan is very simple.

Pass a roller bandage around the waist for two or three turns and upon

the middle of this hang a double strip of gauze, 12 to 16 inches long and five or six thicknesses of the material. In the posterior fold is cut a slit just large enough to receive the penis, while the anterior fold falls forward like an apron.—*Charlotte Med. Journal.*

The Injection Treatment of Hemorrhoids.

In the cases of internal hemorrhoids that are thought suited to cure by the injection methods, Dr. Tuttle, of New York, uses the following formula for making his fluid injection:

R Acidi Carbolic. 1½ drs
Acidi Salicyli. ½ dr
Sodii Boratis. 1 dr
Glycerini, q. s., ad. . . . 1 oz
M. Et Fiat Solutio.

Sig.—Injection for hemorrhoids. Of this fluid 2 to 4 minims are injected into the base of the hemorrhoid. If other injections are needed, they are to be made in from three to five days.—*Mass. Med. Journal.*

New Treatment for Eczema.

Dr. Radcliffe Crocker has proposed a new way of treating obstinately recurring eczema, which is well worthy of attention, as it does not interfere with other treatment. The method consists in the application of a counter irritant, not to the part affected, but to the other parts of the body which have some connection with the nerve centers. The counter irritant used is an ordinary mustard leaf, but when that is not sufficiently strong a

blister is produced with liquor epispasticus. For the face alone the mustard leaf (or blister, as the case may be) is applied behind the ear; for the face and forearms, apply it to the nape, and for the leg the counter irritant should be applied on the hip over the large sciatic nerve. In most cases this treatment has been followed by removal of the itching, and the relief lasts from one to several nights. The redness and swelling are also relieved.—*Health*.

Some Remedies in Influenza.

Sticta pulmonaria, where there is excessive and painful dryness of mucous membranes, the secretions rapidly dry and form scales and scabby concretions, which are dislodged with difficulty, cough incessant, racking, causing great exhaustion.

Gelsemium—Catarrh of all mucous membranes, with much watery discharge, especially from eyes and nose; "colds" from damp weather or from sudden changes; much chilliness and heavy feeling of head; pulse large, full, quick, but not hard.

Hepar sulphur—In advanced stages; throat dry and painful, with sensation of a "splinter;" sometimes a sensation as though a particle of food had gone into the larynx.

Bryonia—Contusive pains in the back and limbs, and lameness in the walls of thorax; otitis media with accumulation of fluid in the tympanic cavity.—*The Clinique*.

CIMICIFUGA is often of service in rheumatic, nervous, hysterical women

subject to uterine derangement. The fleshy part of the muscle is most involved, the patient is nervous and restless, and the rheumatic pains are felt in the back and neck; there is pleurodynia, and inframammary pains, worse on the left side.—*The Clinique*.

Osteopathy Defeated.

In both Georgia and Kentucky the osteopaths have been denied the right to practice osteopathy. In both States the reason for refusal was practically that those who apply for the privilege of practicing osteopathy are ignorant of both the science and art of medicine, and should not therefore be allowed to undertake the cure of disease. Those who would heal disease should be forced first to graduate at some reputable medical college; they will have some knowledge then of what they are about.—*Eclectic Medical Journal*.

Artificial Abortion; Its Indications and Its Absolutely Sure and Safe Performance.

By Dr. Oehlschlager.—There is nothing new in what the author lays down as the indications for terminating gestation artificially, but he lays stress upon inducing abortion very early, within a few days or weeks after menstruation has failed to take place. He introduces a curved metallic catheter to the very fundis of the uterus, and through it he injects from forty-five to sixty minims of tincture of iodine. Withdrawing the catheter, he then lays a tampon against the os uteri to

absorb any of the iodine that may trickle into the vagina. This procedure, he says, is so simple and so utterly devoid of danger that the patient may be allowed to go to her home immediately after its performance and need not even be instructed to go to bed. Usually on the third day a discharge of blood makes its appearance, and the expulsive action of the uterus comes into play. If these things do not occur the procedure is to be repeated. Oehlschlager declares that he has followed this practice for a number of years and has never observed any untoward results from it.—*N. Y. Medical Journal*.

The After Treatment of Cerebral Concussion.

Mr. Charles Stonham, F. R. C. S. (*Clinical Journal*, July 18th), says that it is a very important thing, indeed, when a man has suffered concussion, to let him have absolute and prolonged rest after the injury. It does not matter whether the concussion has been severe or only slight. The surest way to avoid after effects is to give him a chance of perfect recovery. In hospital practice this cannot, as a rule, be insured, for the patient has to go back to earn his living, and a matter of days may decide whether he will keep his work or lose it. But in private practice it should be insisted upon, and if the patient has been badly concussed the best course is to advise six months' absolute rest. During this time he should abstain from all business or worries of any kind; he should not bother himself about any-

thing whatever. The best plan is for him to go down to a little country place and avoid all excitement. Many of these patients or their friends will ask that he be allowed to go to some well known health resort, but this should be discountenanced, for such places are not calculated to afford the mental rest which is so needful. The author once heard a London surgeon say that the very best thing for the patient was to go down into Kent, lie on his back, and watch the apples grow.—*N. Y. Med. Journal*.

Simple Catarrhal Conjunctivitis.

R Acidi borici.....gr. 40
Sodii chloridi.....gr. 6
Aq. camphoræ,
Aq. dest.....aa 3 2

M. Sig.—Apply as lotion to eye every two hours.—*Jour. Am. Med. Assn.*

For Rigid Perineum.

R Chloroformi.....℥ ii
Ether, sulphurici.....℥ i
Cologne spirits.....℥ i
M. Sig. Apply locally.—*Southworth, Jour. Am. Med. Assn.*

Ergot in Prostatic Diseases.

Dr. Eugene R. Corson (*Atlanta Journal-Record of Medicine*, July), reasoning from the view that the prostate is the homologue of the uterus, has used ergot largely in prostatic diseases. He has found it of great service in congestion and inflammation of the prostatic urethra due to gonorrhœa, and in

sexual weakness dependent upon some prostatic inflammation, when, for instance, sexual desire is strong but the sexual act is imperfectly performed, due to premature orgasm. In the opposite condition, when the sexual function is strong and overindulgence has induced back-ache, pain at the base of the bladder and a discharge of prostatic and urethral mucus, often mistaken for seminal fluid, ergot is also useful, combined possibly with bromide of potassium. In the prostatic enlargement of advancing years it is also useful, though surgical treatment must by no means be neglected.—*N. Y. Med. Journal.*

Radical Treatment for Curvature of the Penis.

The patient, a young man, at twelve years of age had contracted gonorrhoea from his nurse. Tight stricture followed, necessitating internal urethrotomy. Much inflammation ensued and an indurated area caused the urethra to stand out like a bow on erection. The perinæum was laid open from just above the rectum on to the uplifted scrotum. The urethra was then cut across very obliquely in the bulbous region. The penile end, in order to facilitate its retraction, was dissected free from the surrounding tissues for three-quarters of an inch, after which the penis was pulled up and bent back over the pubes, thus inducing a maximum separation of the cut urethral ends. The penis remaining in that position, the penile end of the urethral roof was stitched with

fine catgut to its surrounding tissues, while a longitudinal half inch cut was made along its floor. A perineal vesical drainage tube was inserted, and the author's usual urethral tube adjusted, the perineal incision being sutured. The penis was kept bent back upon the pubes by plaster. The wound healed well and the operation was a distinct success. Two years afterward the patient had a good free stream on urination, and a penis nearly straight on erection, enabling the sexual act to be accomplished.—*New York Med. Journal.*

Menthylene Blue in Malaria.

1. Methylene blue is a perfect succedaneum for quinine, and may be given whenever the latter drug is indicated in the treatment of malaria of every form and under all conditions, with the same confidence that has always attended the administration of quinine.

2. Patients need not be selected on account of idiosyncrasies, as no bad effects ever follow the use of methylene blue, if given intelligently.

3. It is the remedy to use in malaria with hematuric complications, as it acts in a two-fold manner,

4. It is the remedy to be given in malaria occurring during the pregnant period, as it has no oxytoxic effect and will cause a freer action of the kidneys, which is also beneficial.—*Merck's Archives.*

A man's action is only a picture book of his creed.—*Emerson.*

Timely Topics.

Petromulsion.

Medicinal petroleum has been recommended by many prominent physicians in conditions formerly met by cod liver oil, which, owing to its unpleasant characteristics, has not fulfilled all requirements. Petromulsion is recommended especially in severe coughs and colds, bronchial troubles and chronic catarrhal conditions of the mucous membranes; also used in the initial stages of consumption and diseases involving waste and loss of flesh and strength.

Sourwood Compound or Diuretic Cordial.

A new and efficient combination of valuable medicinal agents, so prepared from prime, fresh drugs as to form a remedy of real merit.

R Oxydendron Arboreum, gr. viij.
 Hydrangea Arborescens.
 Eupatorium Purp.
 Polytrichum Junip, aa gr. lxiv.
 Eryngium Yuccæfol.
 Stigmata Maydis. aa gr. xxxij.
 Tr. Apis Melif. gtt. ij.
 Lithii Benzoas. gr. xxiv.
 Spiritus Juniperi. oz. iv.

Each fluid drachm represents 30 grains of the fresh drugs in the above proportion and 3 grains chemically pure benzoate lithia.

In general it increases the flow of urine either to cause absorption and elimination of dropsical deposits, to dissolve and wash out calculi from the kidney or bladder, or in suppression

of urine, due either to deposits in the urinary tract or to change in the urine itself, it frequently gives prompt relief.

Special applications—Lithæmia or the uric diathesis, calculus, renal or vesical cystitis, gout, rheumatism, albuminuria, cedema, Bright's disease, diabetes, hematuria and irritable states of the bladder and kidneys.

Special Note.—Sugar is contra-indicated in many diseases for which Sourwood Compound is employed. Saccharin is therefore substituted as the sweetening agent at the suggestion of our medicinal friends, as a means of further extending its usefulness.

THE WM. S. MERRELL CHEMICAL CO.

College, Alumni, Personal

A Mistake.

Dr. J. G. Tomkins' present address is 1532½ Howard St. We made a mistake at the heading to the Doctor's article on "Diphtheria" in last month's issue and we take this means of correcting the error.

Dr. D. Maclean has removed his office to the Donohoe Building, cor. Taylor and Market Sts.

Dr. M. H. Logan is returned from the mountains and is feeling quite well again. He is a regular and cheerful contributor to the JOURNAL, and we would wish for more men like him in the State.

Dr. Enos, '96, is taking post-graduate work in Chicago and will be ab-

sent about six months. His practice is left in charge of Dr. Ormsby, '96.

Dr. O. L. Jones has opened a sanitarium in Oakland. Success to you Doctor.

Dr. Stark, '89, is returned from a lengthy and profitable course of study in Europe.

Dr. Gladding, '97, spent a vacation of three weeks at Capitola. The Doctor is fast gaining an enviable reputation as a surgeon and will be heard from in the future.

Dr. J. G. Murrell, '91, is located in this city at 2704A Mission St., near 23d. The Doctor has been in Bakersfield for a number of years and is now prepared to enter a larger "field."

Dr. H. Foss, of Salt Lake City is enjoying a tour through the Eastern States. He will visit all the principal cities and improve the opportunity by some clinical study.

Dr. E. H. Mercer has offices at 1508 Market St., opposite Eighth, and is rapidly regaining the practice which he left in the spring.

Wish to call especial attention to our offer to new subscribers on the editorial page. We have more than doubled our subscription list during the past year and we want several hundred more subscribers before the New Year. In this connection it would perhaps be well to state that many statements of subscription accounts have been sent out during the past month. Will our subscribers who are in arrears please settle at once? You want a good journal and we want

to serve and please you, but we must receive some return for our labor. Your indebtedness may be small but when such bills are counted by the hundreds, the aggregate amount reaches large proportions.

Dr. J. L. Coombs, who has been a resident practitioner of Grass Valley for a number of years, died about the middle of July. One by one the older men are passing away. The younger eclectics must be prepared to take up the work.

Dr. E. H. Goyer, '93, at present visiting in San Francisco, was united in marriage to Miss C. A. Long, of this city, on Aug. 2nd. The ceremony was performed by the Rev. Dr. Wilson, of the Howard St. Methodist church, at the rectory. Dr. Goyer is practicing in Watsonville, and we trust his married life may contain all the joy and happiness which falls to the lot of man.

It is with most profound regret that we chronicle the departure of Dr. W. C. Shipley, '00, for Hodson, Calaveras Co. Our association, both in business and in college, has been free from all the unpleasantness to which such close relations are so liable, and we extend our most cordial and sincere good wishes for health, wealth and prosperity. The flattering offer which Dr. Shipley received from the large mining company, whose works are located at Hodson, insures a handsome income and we are sure that all our readers will join us in congratulating him upon the good fortune which he truly deserves.

ANNOUNCEMENT.

If you receive this journal as a sample copy, it signifies that we solicit your subscription. As a special inducement we will date all *new* subscriptions from Jan. 1901, and send the remaining numbers of this volume **FREE**.

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The California Medical Journal.

CALIFORNIA MEDICAL JOURNAL.

Published by the California Medical College.

H. B. Crocker M. D., Editor.

Terms: \$1.50 per annum. In Advance.

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EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WITH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed and money orders be made payable to the

CALIFORNIA MEDICAL JOURNAL,
1422 Folsom Street,
San Francisco, California

Editorial.

School of Suggestive Therapeutics.

We call especial attention to the advertisement of Dr. Pitzer's school which makes its first appearance in this issue.

The value of suggestion is recognized by all modern practitioners as an aid to drug therapy, and in some cases as a superior agent.

To those who are seeking to develop suggestive powers Dr. Pitzer's course of instruction offers opportunities not possessed by residents of this coast in the past.

Dr. Pitzer has been engaged in this work for a number of years, and that he is well qualified, is attested to

by the numerous applicants for enrollment in his classes.

Our New Students.

To the many students who are just beginning their medical studies, and to those who have been enrolled with advanced standing we extend a cordial greeting.

The twenty-third session opens with a good attendance and with much promise for a term of earnest work. Whether the year will be as profitable as usual to the students depends entirely upon themselves. The instructors will be ever ready, as in the past, to exert their best efforts to make the work pleasant, yet thorough, and above all practical. If there is any one thing in which the faculty of the California Medical College may take just pride it is that the teaching is along practical lines. The student is not burdened and confused by long dissertations upon rare conditions or foreign diseases, but is taught to cope with American diseases by skilled use of American materia medica according to the principles of specific medication.

With four years of such training our students begin practice with more confidence in their ability; more confidence in the virtue of medicines, and more practical knowledge of surgery, gained by experience, than the graduates of any Pacific Coast college.

This statement is based upon the evidence furnished by the success of our graduates. Although we often

hear of the hard struggles and the failures of young physicians, we know of none of our men who have given up in despair. The field may be overcrowded but eclectic physicians seem to find room. There is a reason for this. It cannot be attributed to luck and it certainly is not due to influence. It is due to the fact that a man well trained in specific medication has something that the others have not.

So we say to our new students; you have been wise in your choice of a college, and if you improve every opportunity, you will never regret either the time or money which your education will cost. You have passed the school-boy age, and are beginning the training for your life work. There are no more set lessons now. From now on it is an individual effort. What you make of yourself will depend upon how much you want to be. If you are satisfied to drift along during the next four years you may possibly drift out into actual practice. You will never do anything but drift all through life. Habits will become fixed in four years and you will be satisfied to be borne along by your more energetic fellows like a water-soaked log which mars a beautiful stream, yet will not sink.

After your graduation you must be strong enough to stand alone. As an eclectic you must expect no favors, and if your college work has been well done you will want none. Your best safeguard, your surest friend, is self-confidence justified by thorough training, and that training you will get during your college course. How much or how little you take advantage

of your opportunities is a matter which you must each decide.

Special Notices.

Old Subscribers Read This.

The Library of the California Medical College is desirous of having a complete file of the California Medical Journal for reference. Any one having any of the following numbers to spare will confer a great favor by donating them to the college:

Vol. V, 1884.—Nov.

Vol. VII, 1886.—July.

Vol. XI, 1890.—May, June, July, Aug., Sept., Oct., Nov., Dec.

Send Journals to this office.

Removal Notice.

On September 26th, 1900, I will remove to Los Angeles, Cal., with The St. Louis School of Suggestive Therapeutics and Medical Electricity, and will hold a session there every month during the Fall and Winter. The first session in Los Angeles will open Monday evening, November 5th, at 8 o'clock. The September session—from September 3d to September 14th—will be the last session in St. Louis this year. After September 26th all mail intended for me or this school should be addressed:

GEO. C. PITZER, M. D.

Los Angeles, Cal.

Wanted.

A location by a physician of experience; will buy if business justifies it.

Any information will be thankfully received.

DR. J. B. BAKER.

Arlington Place, Riverside Co., Cal.

For Sale.

An established, paying drug business well located on the business street of one of our bay towns. For particulars enquire at this office.

Special Enquiry.

The California Medical College has been teaching students for twenty years, and we are desirous of making a record of the success or failure of its graduates. We ask each graduate to send to the Dean a personal history of his position, medical, social and political.

D. MACLEAN, M. D., Dean,

Donohoe Building,

San Francisco.

Attention, Physicians and Druggists

FOR SALE.

One of the best paying businesses in San Francisco. Good practice and drug business combined. Established ten years; price moderate; owner leaving the State. For particulars apply to JOURNAL office.

One Chance Left.

Prof. Virchow was examining a medical student who remained dumb to question after question until asked, "Is regeneration of the brain possible?" when he energetically replied in the affirmative.

"Well, then," Virchow observed, "there is hope for you yet."

Correspondence.

SALEM, OREGON, Sept. 10, 1900.

EDITOR JOURNAL: Enclosed find draft for bill enclosed. I beg your pardon for being so negligent as to compel you to pay collection and commission on it. And as usual this reminds me that my sins are principally of "omission." I would also suggest that such careless subscribers should be dropped from the list at the expiration of the time for which they have paid. Kind regards to California Medical College and the JOURNAL.

Yours Resp'ly,
W. S. MOTT, M. D.

NEW SHARON, ME., Sept. 11, '00.

EDITOR JOURNAL: The September No. of the C. M. J. is at hand with its customary grist of good things. On page 260, in your editorial note on "A New Aphrodisiac," we think you made a slip of the pen in saying "This action of echinacea has been known to eclectics and used by them for a quarter of a century."

No mention of such a property of echinacea is made by Scudder either in his "Practice," "Materia Medica," or "Specific Medication." We have carefully searched, without success, Watkins' "Compendium of Practice," Webster, Merrell, Ellingwood and Locke, for information.

The only allusion we find to this subject in any of our eclectic books is in "King's American Dispensatory," as revised by Prof. H. W. Felter, wherein it is stated that "Dr. Snyder extolls

echinacea as an efficient remedy in impotence."

But, as impotence is often due to other causes than loss of erectile power, we can hardly count Dr. Snyder's assertion as bearing much weight on the question.

Furthermore, our own experience in prescribing this agent, as well as that of others with whom we have talked has failed to discern the therapeutic properties ascribed to it by Dr. Stinson in the N. Y. Journal.

Yours very truly,
WM. C. HATCH, M. D.

[We would like to have reports from some of our readers.—ED.]

TACOMA, WASH., Sept. 11, '00.

EDITOR JOURNAL: Reminder just received; cannot do without our JOURNAL, of a truth, I do not propose to try. I am talking eclectic and practicing specific medication. Plenty to do in my line—that of electro-therapeutics and chronic work. Success to all connected with our college and JOURNAL.

Truly yours,
M. L. DOOM, M. D.

LAKE PARK, WASH., Sept. 19, '00.

EDITOR JOURNAL: Your reminder of bill at hand. Thanks for reminder; yet I had you in mind. Perhaps the absent treatment idea is correct, and perhaps your thoughts of your past dues stimulated my sluggish brain to respond, as I had decided to do in the near future. Perhaps my sluggishness may have been caused by the 60 foot tumble I took in the St. Clair accident, from the trestle into the gulch, in Ta-

coma on July 4th, from which I miraculously escaped with injuries to my lung and arm that may last me a lifetime. But, considering the terrible death list of 45, I think I have reason to be thankful that I still live; and, also for the pleasure of still reading the JOURNAL and especially to see her in her new dress—may she prosper. One fifty enclosed.

Yours fraternally,

DR. F. H. McCLELLAND.

P. S. Feeling that I shall not be able to continue general practice, I will close out my un-opposed location and business dirt cheap to some good eclectic.

F. H. McC.

Publisher's Notes.

Mild Laxative for Children.

In glancing over Worden & Co.'s new "ad." for this JOURNAL, we were pleasantly attracted by the mention of a new and much needed item, "aperitivum mite." We have made some further inquiries concerning same and find the placing of this compound on the market is the result of a persistent and ever increasing demand from responsible physicians for a mild laxative for infants and children. Something pleasant and palatable, which is effective, and which does not gripe; something which the physician seldom strikes without making the prescription about the size of the baby. Doctors from now on are relieved from the bugbear "castoria," which they reluctantly have permitted the mothers

to use, only to be afterwards held up as champion of this wonderful patent medicine. We predict a great demand for Aperitivum Mite, and would earnestly request physicians to investigate it and use it, more especially as we are informed, that it is no experiment, but a well tried remedy.

Treatment of Cancerous Cachexia.

Lawrence (*The Medical Brief*, July 1900) gives as the best treatment for cancer and the cachexia attending it, teaspoonful doses of Ecthol four times daily in conjunction with alterative doses of iodide of arsenic. The latter should be administered in doses ranging from one-sixtieth to one-thirtieth of a grain three times a day and continued for a long period. Ecthol contains the active principle of thuja which is accorded specific value in cancer. The treatment outlined is aimed to cause absorption of the cancerous tissues.

E. N. Campbell, M. D., Good Hope, Ill., says: I have used Aletris Cordial in threatened miscarriage and find it one of the finest and most efficient preparations that it has been my privilege to prescribe. Aletris Cordial should be used more than it is, although it is largely prescribed, yet like its twin sister, Celerina, it is not prescribed often enough to prove its efficiency. Most all cases that these preparations are used in are of a chronic type, and those that require patience to relieve; hence, if these two remedies are taken regularly and per-

sistently, according to the case, they will satisfy all concerned.

Vaginal Fistula:--Operation Refused.

By T. J. Biggs, M. D., Stamford, Conn. Jane E., age 30, American, admitted June 7, 1900. Diagnosis: Complete fistula extending from the right labium major opening into the vagina on the right side, slightly anterior to the cul-de-sac Douglas. This condition was of five years standing, and within that time the patient had been operated upon twice, and had undergone various other treatments, but in spite of all the fistulous tract still continued. The tract was a large one, so that a full size flexible probe could be carried through with ease. The walls of the fistula were so thoroughly organized that I advised operation as being the only sure means of promising a good result. This the patient or her relatives would not permit. I therefore determined to destroy the tract by other means as best I could. Under anæsthesia, the largest size Geli saw was introduced, and by carrying this back and forward I finally succeeded in scraping out the walls of the sinus. Next, a piece of sterilized gauze soaked in iodoform-bovine was carried through and left in. At the end of 24 hours this was removed, and the sinus washed out with bovine, peroxide and Thiersch. Following this a piece of gauze saturated with bovine pure was carried through, and bovine pure injected. The nurse was instructed to inject the bovine into the sinus every two hours, thereby

keeping the gauze saturated with it.

On the 13th, the sinus was in a healthy granulating condition. The gauze was now packed, first externally for about one third of the length of the sinus, then internally for about one-third, and the nurse instructed to inject the bovine as before, my idea being to start the healing process from the center, so that it would extend outwards and inwards. Although I was not particularly sanguine, nevertheless, on the 15th, I was delighted to find that a healthy healing process had begun, and fully one-fourth of the length of the sinus was filled up with new tissue cells. From this time on, the packing was just far enough, both internally and externally, to keep the mouth of the sinus open.

On the 20th, the sinus had so far healed that packing was now unnecessary, and bovine was injected.

On the 26th, it had entirely healed internally.

On the 28th, it had entirely healed externally.

Coincident with the sinus treatment the patient was put on from the beginning a wine-glassful of bovine in milk every three hours.

On the 29th, she was discharged, cured.

This case is the only one of its kind I believe on record; therefore I deem it to be of great interest.

The Effect of Codeine.

The *Medical Record* (March 3, 1900) quotes the following from an article by Dr. G. J. Lochboehler: In epidem-

ic bronchitis codeine is a valuable remedy for the relief of the harrassing pain of the cough, and when combined with one of the coal tar antipyretics the analgesic effects become pronounced. It is a favorite drug in the cough of phtisis and chronic bronchitis, and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in bronchial affections, is that the patients not only cough less but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthisical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well merited sanction.

Sanmetto in Cystitis and Prostatitis—Also in Gravel.

I used a bottle of Sanmetto upon myself. I was suffering with cystitis and prostatitis and received some relief. I think by continuing its use will effect a cure. My age is sixty-five years, not so easily cured as younger persons. We have a man in town by the name, J. S. K., who has been suffering with gravel for years and had spent much with physicians. He used

Sanmetto, and it would be hard to believe the amount of calculi that passed in a few days; in fact it was disintegrated and passed so rapidly that he was forced to stop the medicine for several days. If desired he will report the case himself.—J. Y. Deshong, M. D., Judsonia, Ark.

Sanmetto in Senile Impotence, and as a General Remedy in Genito-Urinary Conditions and Complications.

Sanmetto has, during the past few years, pleased me very much, particularly in senile cases, where impotence was and had been pronounced for years. As a general remedy in genito-urinary conditions and unpleasant complications accompanying these cases, the results are, in the majority of cases, very satisfactory.—Chas. E. Bennett, M. D., (Wauseon, O.), 1876 Detroit School of Med; Mem. Am. Med. Assn., Ohio State Med. Soc., late Pres. Fulton Co., (Ohio) Med. Soc., Surg. L. S. & M. S. R. R.

Book Notes.

A Treatise on Mental Diseases. By Henry J. Berkeley, M. D., Clinical Professor of of Psychiatry, Johns Hopkins Univ., Chief Visiting Physician to the City Insane Asylum, Baltimore.

This work has just reached us from the press of D. Appleton & Co., of New York, and as it has been our pleasure to examine several books upon nervous diseases recently we feel that we can speak with some degree of authority when we say that this is the finest work of the kind which has been sent

us for review. The binding, press-work and paper is the best and the cuts are clear and instructive. The work of this author has been very comprehensive and the book furnishes us with information upon those subtle diseases which so baffle the medical man. Due stress is laid upon the value of hygienic surroundings and suggestion is given some attention, as an aid in effecting a cure. We wish especially to commend the chapter upon the pathological changes in nerve tissue which the author has observed, as this marks a distinct advance toward a better and more truly scientific course of treatment for all nervous disorders.

A Treatise on Diseases of the Nose and Throat; by Ernest L. Shurly, M. D., Vice-President and Professor of Laryngology and Clinical Medicine, Detroit College of Medicine; Consulting Laryngologist and Chief of Laryngological Clinic of St. Mary's Hospital; Etc. Published by D. Appleton & Co., New York.

This is a magnificent volume of over 700 pages and bound in the finest style. The text is well arranged and it is especially valuable to the general practitioner as the author has refrained from burdening the reader with pet theories and has presented the facts in a very pleasing manner. The therapy is based upon experience and a special chapter on local treatment furnishes the student with a wide choice of applications. We cannot find a single fault to criticise and can honestly commend it to our readers with the hope that the author will re-

ceive the patronage which his work merits.

Manual of the Diseases of the Eye; Chas. May, M. D., Chief of Clinic and Instructor in Ophthalmology, Eye Department of College of Physicians and Surgeons, Medical Department of Columbia University, New York. Published by William Wood & Co., 51 Fifth Ave., New York.

In this small manual of a little more than 400 pages is contained a world of practical information for the student particularly, and the general practitioner who wishes to do some work in ophthalmology. The cuts, numbering 243, are ample and in addition there are 10 colored plates which are of great aid in intra-ocular examinations.

The text is clear and concise, as a manual should be, and the treatments advised are the latest and best. It is good from cover to cover and we commend it to every student. A sample copy may be seen at this office and we hope our students will investigate and use this little work in conjunction with their studies and lectures.

Stringtown on the Pike; by John Uri Lloyd, is announced by Dodd Mead & Co., to appear in book form in October, price \$1.50.

It is a study of Northern Kentucky during the war and brings to view conditions that involved the people of that border State during the boyhood of the author. Of it, the talented writer, Judge J. Soule Smith, of Lexington, Ky., writes: "No such vivid landscape painting of Kentucky seasons and Kentucky scenery is found in any other book."

Aperitivum Mite (Worden)

A palatable combination of Senna, Buckthorn and Rochelle Salts with Aromatics, especially adapted for infants and young children. Mild purgative without griping tendencies. Mild sedative without narcotics of any kind.

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(Ext. Fl. Rhamnus Pursh, saccharinat. Worden)

A palatable and effective preparation of Rhamnus Purshiana bark, strength of U. S. P. Fluid Extract. Made from the select bark with the bitter principle disguised (not removed).

Properties.—Tonic laxative, peristaltic, carminative.

Indications.—Habitual constipation, atonic conditions of the intestines, impaired portal circulation.

N. B.—Always administer Cascaria Preparations liberally diluted.

Duo-Peptonate

Liquor Ferri et Mangani peptonatus, Worden

Contains $1\frac{1}{2}$ grains of Iron and $\frac{1}{4}$ grain of Manganese as albuminoid peptonates to each tablespoonful. Neutral, non-astringent, permanent solution containing no free ammonia. If it is desirable to form a clear mixture with acid wine a few drops of ammonia may be added. Indicated in chlorosis, anaemia, chorea, during convalescence, excessive loss of blood during operations, etc.

Palmo Santal Compound

(Extract Fl. Serenoa Comp. Worden)

Each fluid ounce represents Saw Palmetto, 240 grains; Corn Silk, 120 grains; Couch grass, 60 grains, percolated by vacuum process.

Dose.—One to two teaspoonfuls in water.

Suggested in disorders of the genito-urinary tract of catarrhal or inflammatory origin, cystitis, irritability of the prostate, etc.



Write for circulars and samples. For sale by all jobbers.

CLINTON E. WORDEN & CO.,

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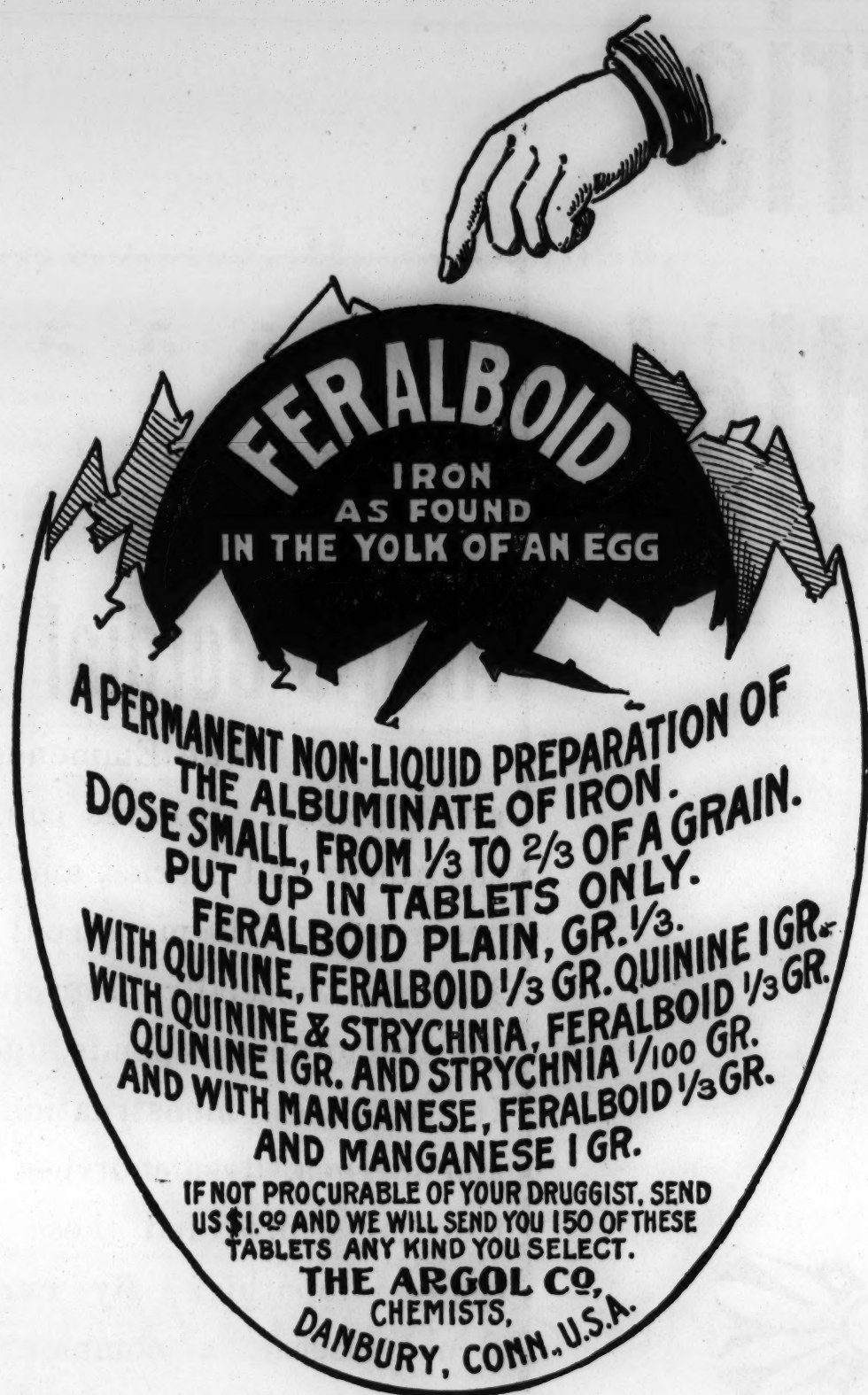
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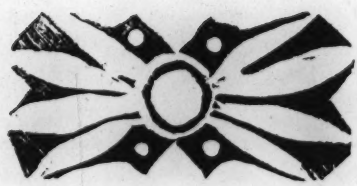
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

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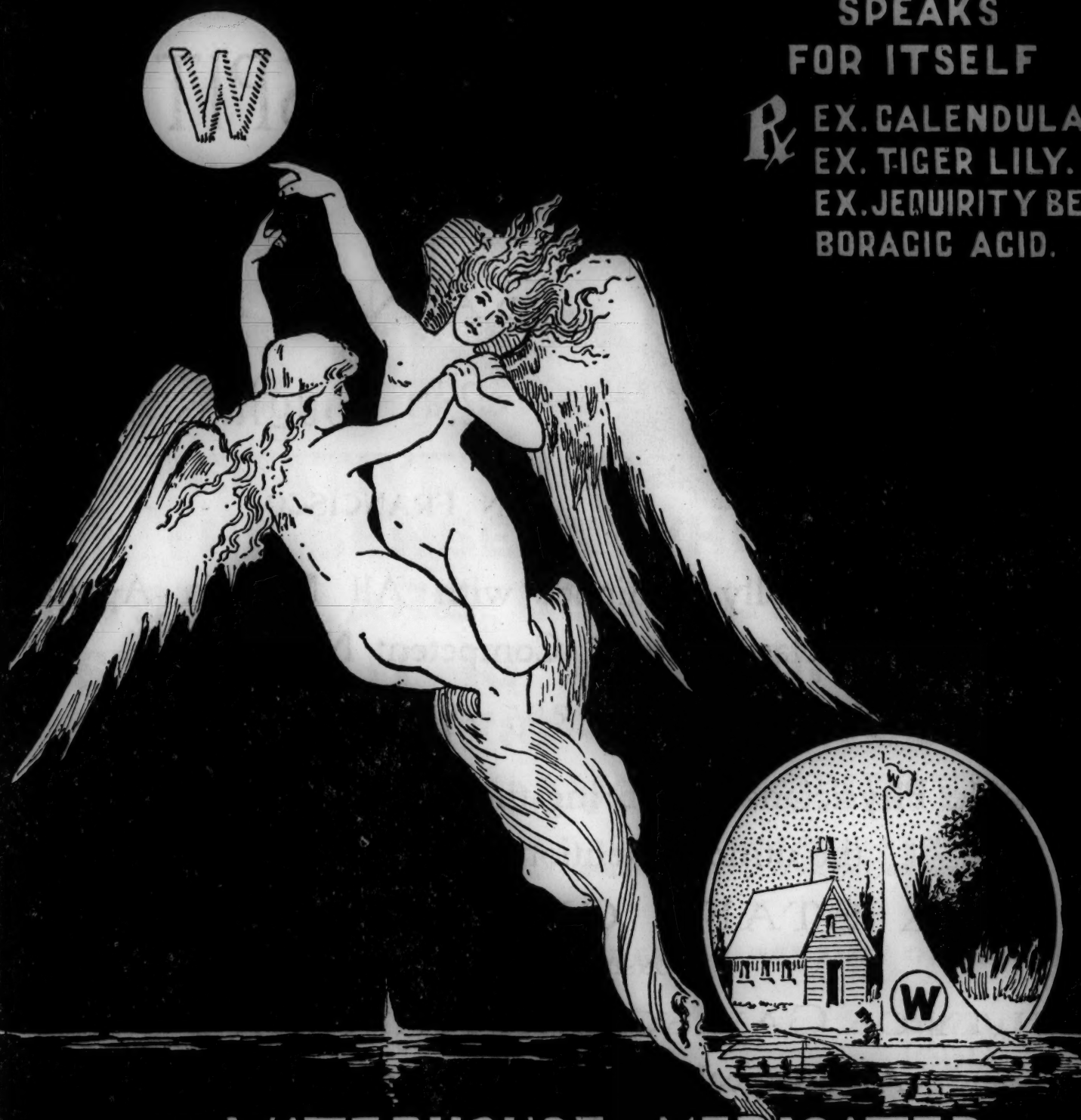
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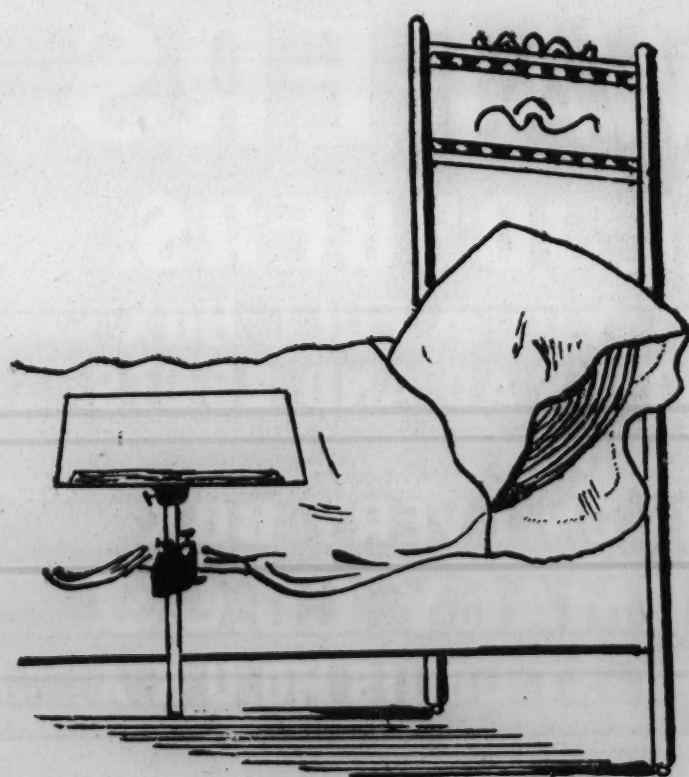
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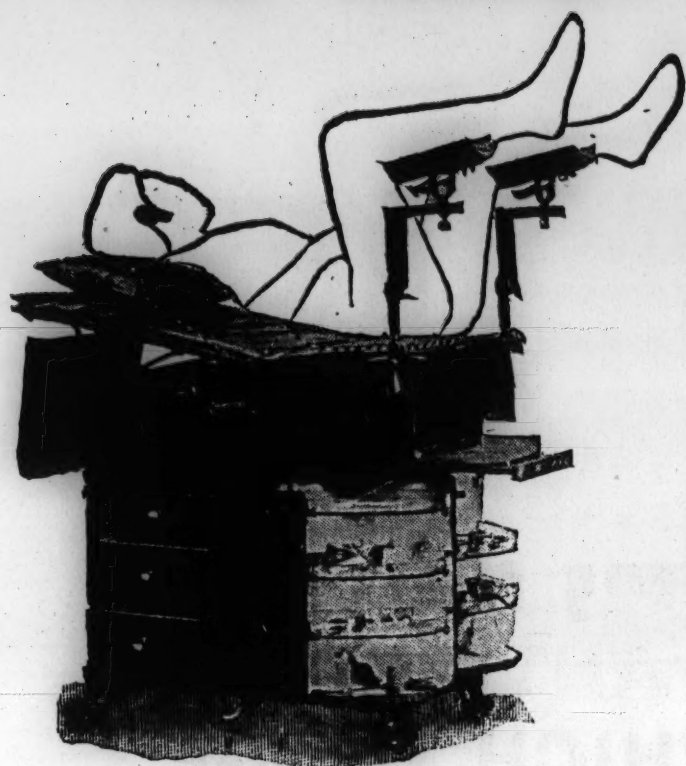
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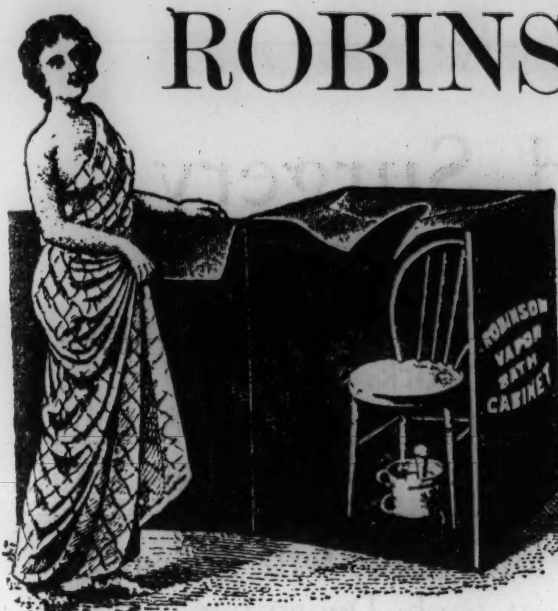
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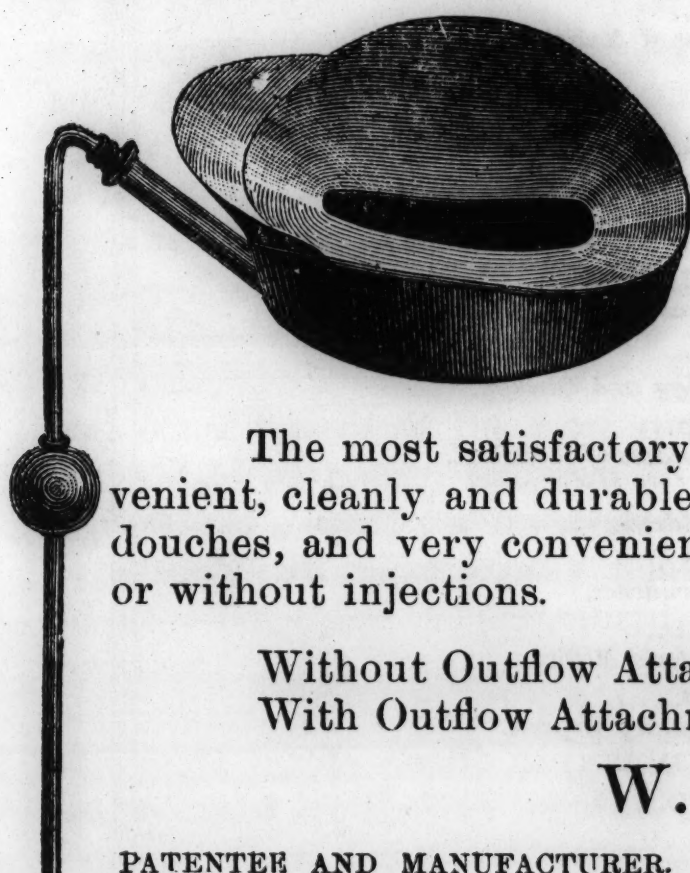
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